

flexibility, availability of surface and ability to fight infections transmitted by lymphatics are to be considered the main tissue used to heal open wounds of thorax as well as from the upper and lower limbs. Most patients tolerate positively the transposition of omentum, with a lower mortality rate. Greater omentum is widely used in abdominal surgery as adjuvant material. The great omentum is used in neurosurgery because epiploic tissue possess marked capacities of revascularizations. Through the newly formed vessels is ensured oxygen supply, epiploic neurotransmitters and neurotrophic factors to ischemic tissues. In Alzheimer's disease after transplantation of epiploic tissues the optic chiasm, the carotid bifurcation and the anterior perforated substance are as cases of improvement of the clinical symptoms.

Conclusion: Greater omentum is a complex structure, with a support of embryonic tissue that can dress look any histological class we want. Vascularization to any class type specialties, can quickly adapt to any need, is keeping with this ability permanently. Due to plasticity and capacity of transformation matrix considers to be ideal for other tissues or autografts.

Keywords: great omentum, properties, autograft

40. ANTIARRHYTHMIC DRUGS AND THEIR ACTION ON ION CHANNELS

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Introduction: Antiarrhythmic drugs are preparations used in the treatment of cardiac arrhythmias. Arrhythmias are found in 95% of cases of myocardial infarction within 48 hours, and many people, including young people die from ventricular fibrillation, but not from myocardial infarction, which is usually very small.

According to Vaughan-Williams antiarrhythmics are divided into 4 classes:

1. **Class I** agents interfere with the sodium (Na^+) channel.
2. **Class II** agents are anti-sympathetic nervous system agents. Most agents in this class are beta blockers.
3. **Class III** agents affect potassium (K^+) efflux.
4. **Class IV** agents affect calcium channels and the AV node.

The purpose of the work: To make a schema that will be described mechanism of action and effects of drugs on ion channels

Methods: Literature study about antiarrhythmic drugs and their action on ion channels

Results: The class I antiarrhythmic agents interfere with the sodium channel. Class I agents are grouped by what effect they have on the Na^+ channel, and what effect they have on cardiac action potentials. Class I agents are divided into three groups (Ia, Ib and Ic) based upon their effect on the length of the action potential. Class III agents predominantly block the potassium channels, thereby prolonging repolarization. Inhibiting potassium channels, slowing repolarization, results in slowed atrial-ventricular myocyte repolarization. Class IV agents are slow calcium channel blockers. They decrease conduction through the AV node, and shorten phase two (the plateau) of the cardiac action potential. Class II was not described, because they have no action on ion channels.

Conclusion: Knowing classes of antiarrhythmic drugs, and their action on ion channels, we will be able to choose appropriate preparation with antiarrhythmic action, according to the patient's pathology.

Keywords: antiarrhythmic drugs, ion channels